APPENDIX E

CSA Documentation Inventory
And
Model Utilization Management Plan
(Revised June 2004)

Case Name/Number: Date:

CSA Documentation Inventory

Required Information	Location	N/A - Notes
Case Manager designation		
Parent consent to release information		
Assessment data		
Includes: Completed CAFAS™ or PECFAS™		
Parental co-payment assessed		
Service Plan IFSP FC Plan IEP (circle)		
Desired outcomes & timeframes		
Identification of services		
Recommended level of need		
Mitigating circumstances		
FAPT or MDT recommendations		
Parent/Guardian participation & consent to service plan		
CPMT authorization		
Signed vendor contract		
Vendor treatment plan (s)		
Vendor progress report (s)		
Utilization review data		
Updated Service Plan		

MODEL UTILIZATION MANAGEMENT PLAN

I. ASSESSMENT/REFERRAL

A. All referrals to the local government's Family Assessment and Planning team require the completion of a comprehensive referral packet and/or assessment form. Items to include in the packet or in the assessment form should cover all aspects of the child's life and include the following: recent social history, recent psychological evaluation, recent psychiatric evaluation (including all five DSM-IV axes), recent CAFAS score, last physical exam, documentation of any medical issues/problems, current medications, summary of past placement and treatment history (i.e. hospitalizations, group home, secure residential facility, prior community based services), current IEP, recent educational testing, record of court involvement, foster care service plan. Other items to complete during the assessment process should include receipt of parental/guardian signatures on a Release of Information, and a document describing parental rights. In addition, the child and family should be assessed for eligibility or access to alternate payment sources (i.e. Medicaid, IV-E funding, and for non-mandated children parental co-pay ability or insurance).

B. The Case Manager, Service Coordinator, or other designated person from the referring agency collects the assessment and referral information. Prior to scheduling the FAPT meeting, someone designated by the referring agency (utilization review staff or case manager's supervisor) should review the case referral and assessment information to ensure that the child is eligible and appropriate for CSA funding. In the event that no lower level of care has been attempted prior to referral to the FAPT, the referral information should contain documentation of the mitigating circumstances that necessitated referral for CSA funding.

C. If the child is eligible and appropriate for services, the referral information should be sent to the person responsible for scheduling the initial FAPT meeting. The CSA coordinator or a designated FAPT member should also review the information to ensure an appropriate referral. Copies of the referral packet should be distributed to team members prior to the initial FAPT meeting so they will be familiar with the case.

D. It is strongly recommended that legal guardians/parents/foster parents participate in all FAPT meetings, especially the initial FAPT meeting. The child and family should be involved in the development and implementation of the IFSP.

LINKS/ATTACHMENTS: Tools for Gathering of Assessment/Referral Information

1) Portsmouth
2) Poquoson, James City, York, Williamsburg Consortium

II. IDENTIFICATION OF OUTCOMES/GOALS FOR TREATMENT

A. After review of assessment information at the initial FAPT meeting, outcomes and goals should be developed based on assessment information, case manager suggestions, FAPT members suggestions, and requests of the child and family.

B. Long-term goals are broader than short-term goals, and should describe behavior changes that are anticipated/targeted over the next 12 months. They should be directly related to the behaviors that the child/family is displaying in the home, school, and community that place them at risk. One option is to correlate the long- term goals with the CAFAS categories. Example of a long-term goal for a youth in a residential facility: Youth will display non-aggressive behavior to the extent that he can safely return to a community setting. If correlating goals to the CAFAS, the long-term goal would relate to the category of Behavior towards Others.

C. Short-term goals should describe behavior changes that are anticipated over the next few weeks to the next few months. They should be related to the broader long-term goals, but more specific, measurable, and observable. In addition, time frames for completion and the persons/agency responsible for coordination of each short-term goal should be identified on the IFSP.

Example of a short-term goal that correlates to the above long-term goal: Youth will have no more than three episodes of physically aggressive behavior prior to the next review period. Target Date: April 15, 2003

D. Parents, foster parents, and guardians should be included in the identification of goals. Also, the children should be included in goal setting as their ages and appropriateness of inclusion permit. Parents should sign the initial IFSP and any updates, to indicate their consent and agreeability to the plan.
E. If the child has a foster care service plan, and/or an Individualized Education Plan, these goals should also be incorporated in to the IFSP.

III. DEVELOPMENT OF THE SERVICE PLAN

A. The IFSP is developed at the consensus of the family, case manager, and the FAPT. Every effort should be made to keep the family together and functioning. Also, priority should be given to keeping the child in the community if they must be removed from the home. More restrictive settings should be recommended only after least restrictive services have been considered and attempted.
B. Efforts should be made to utilize Medicaid and/or IV-E funds, whenever possible. Consider the use of Medicaid and/or IV-E facilities if the child is eligible for these funding sources.
C. The Decision Support Guidelines/Levels of Need Chart or something comparable should be used as a guide for placement at the appropriate level of service. The CAFAS/PECFAS and mitigating circumstances should also be considered prior to choosing a provider. An initial CAFAS is required for all children receiving CSA funded services. CAFAS scores should be updated according to the CSA Utilization Review Guidelines outlined below:

Level of Need	Utilization Review	CAFAS
1	Every 3 months	Every 6 months
2	Every 3 months	Every 3 months
3	Every 2 months	Every 3 months
4	Monthly	Every 3 months
5	Monthly	Every 3 months
6	Daily	Every 3 months

D. The utilization review periods in the above chart are a guideline for the greatest amount of time that should pass before reassessment of the child/family. However, frequency of reviews should be based on the individual needs of the child. For example, children who are in need of a change in services may require more frequent sub-reviews by the case manager or by the FAPT. For children receiving services at levels 1-5, it is suggested that formal reviews be performed no less than quarterly by FAPT. At levels 4-6, the case manager could be held responsible for conducting more frequent reviews as needed.
E. When using the Decision Support Guidelines, consideration should begin at the lowest Level of Need and the least restrictive placement. Options and resources within a lower level should be tried first before moving to a higher level.
F. Determine any mitigating circumstances (unique and challenging situations) that need to be considered in determining the level of need and choice of service provider. Mitigating circumstances may provide a rationale for selecting certain services and/or placements over others. Mitigating circumstances may warrant consideration of more restrictive placements than those identified after initial assessment. If mitigating circumstances are a factor in placement decisions or in an adjustment of the level of need, they should be documented clearly in the case file. Also, if a CAFAS score does not correspond with the level of need and type of placement, the reason for the discrepancy should be noted.

Examples of Common Mitigating Circumstances

System Factors	Individual Factors
Placement safety	Ineffectiveness of current treatment
Community safety	Child's unwillingness to cooperate with treatment
Community attitude towards children with serious emotional disturbance	Family preferences for or against particular treatment modalities
Community resources	Resources of the caregiver, family, and/or extended family
Legal constraints	

G. The IFSP should clearly indicate the child's CAFAS score and level of need, most recent DSM-IV diagnoses, service history, medications and medical problems (if any), education placement, legal history (if any), current needs, goals and objectives to be addressed, specific time frames to meet these objectives, person(s) and/or agency responsible for implementing each objective, services that were approved, appropriate funding source, potential service providers/vendors and the next utilization review date.
H. For children receiving special education services, a copy of the most current IEP should be included in the CSA file along with the IFSP.

LINKS/ATTACHMENTS: Tools for the Development of the Service Plan

1) Alexandria-Level of Need Worksheet
2) Giles Co. & Pulaski Co.-Sample Individual Family Services Plan (IFSP)-this form correlates with the Utilization Review Checklist Tool (see link at Case Specific Utilization Review section)
3) Newport News-CAFAS Assessment Log
4) Newport News-Sample Individual Family Services Plan (IFSP)

IV. CONTRACT NEGOTIATION

A. The FAPT, with the assistance of the family and case manager, is responsible for identifying the vendors to provide services. The service fee directory on the CSA website should be used to identify potential providers. In addition, the provider must be properly licensed to provide the services offered, must have current insurance that meets the local governments (county/city) insurance requirements, and must provide acceptable documentation of both.
B. Placement agreements or contracts should be signed with all vendors that provide services. Terms should be negotiated that hold the provider accountable for all aspects of service delivery. The following is a list of items to consider in negotiations with providers:

- Whether or not the provider is enrolled to provide services for Medicaid reimbursement
- Reference checks on the provider, to include previous employers, colleagues/associates, and other jurisdictions
- Verify current licensure/certification with the appropriate organizations
- Criminal background checks on employers of the provider and if applicable, the results of any Child Protective Services investigations on employees
- Ability, capacity, and skill of the provider to provide the services required, including verifiable competencies and accreditations
- The quality of the provider's performance and compliance with parameters on previous contracts or services, where applicable
- Whether the provider is in arrears to the city/county on a debt or contract, or is in default on a surety to the city/county, or whether the provider's taxes or assessments are delinquent

- Rates for services to be delivered

Direct treatment issues to consider when contracting include:

- Requiring the provider to be present at FAPT meetings
- Requiring the development of a written treatment plan that correlates with the IFSP
- Requiring monthly utilization review and/or progress reports
- Allowing chart and on-site reviews by local government staff
- Requiring the provider to collect and report fiscal and service data for the purpose of utilization review

C. It is recommended that local governments track their experiences with providers so that informed decisions can be made when selecting and contracting with providers in the future. One way to track the data is through an assessment or survey of the provider upon termination of services. Items to consider assessing in a survey include the following:

- Did the vendor follow expectations specified in the contract?
- Was the vendor billing timely and appropriate according to the contract parameters? Was the billing clear regarding charges for services delivered?
- Was progress made for the child? If so, what type?
- Was the proposed discharge date met? If no, why not?
- What obstacles or barriers, if any, were encountered with the provider?
- What were the successful events?
- Will you recommend the vendor for future use? If not, why?

D. If case managers are expected to negotiate contracts, they should be provided training, guidelines, and support by management staff in achieving this task.

- Please note there is a workgroup presently looking at the development of a standardized purchase of services contract, which could result in other recommendations and requirements in the future.

LINKS/ATTACHMENTS: Sample of Comprehensive Vendor Contracts, Sample of a Vendor Evaluation Survey

1) Charles City/New Kent
2) Fairfax/Falls Church
3) Richmond City
4) Arlington

V. IMPLEMENTATION OF THE SERVICE PLAN

A. Case progress should be assessed and discussed at scheduled FAPT meetings. It is strongly recommended that the service provider attend FAPT meetings and submit written progress reports for each meeting. In addition, the provider treatment plan should correlate with the IFSP. The FAPT meeting should be used to process all gathered information available since the last meeting, and to make decisions regarding components of the service plan. Progress or lack of progress should be assessed for each goal of the IFSP. FAPT members, the case manager, and the family should work collaboratively to ensure that the goals and services are still appropriate to meet the needs of the child. If goals are no longer appropriate, the goals, as well as the corresponding services and interventions should be updated.

B. Between scheduled FAPT meetings, the case manager is responsible for initiating all approved services, monitoring the effectiveness and delivery of these services, and ensuring that the family is in agreement with, understands and participates in the services.

C. Transition/step-down planning should begin early in treatment, preferably at the initial FAPT meeting or shortly thereafter. The IFSP should indicate the identified step-down plan and issues

that must be resolved to assist in transitioning to least restrictive services. It is recommended that goals for step-down be developed and included in the IFSP.

VI. CASE SPECIFIC UTILIZATION REVIEW

A. The CSA Utilization Review Guidelines should be followed as outlined below:

Levels of Need 1 through 6

For children who do not reach level one of the Levels of Need Chart, the case management requirements of the applicable stakeholder agencies will meet CSA requirements. Utilization review for children at levels one through five of the Levels of Need Chart includes but is not limited to:

1. Verification of date services initiated.
2. Verification of delivery of service(s).
3. Verification of quality of service(s).
4. Progress in meeting identified, specific short-term outcomes and goals in Individual Family Services Plan (IFSP) or the IEP as appropriate.
5. Progress in working toward identified, specific long-range outcomes.
6. Current medication status, as applicable.
7. Educational progress.
8. Verification of school attendance.
9. Written materials outlining all modifications vendor has made to IFSP.
10. Current CAFAS/PECFAS score.
11. Participation of family/legal guardian in client interventions and in other services included in the IFSP or the IEP, as appropriate.
12. Strategies to engage families if they are not currently participating.
13. Steps to be taken if progress toward meeting outcomes is not being made. (May include changing services and/or vendors or reconsidering outcomes).
14. Steps to be taken if outcomes are being met.
    a.) Continue services necessary to meet outcomes and goals.
    b.) Develop plan and time line to transition the child to less restrictive setting.
15. Date for next utilization review.

Reviews of children at levels of need one through five may be a paper review of written reports or an on-site visit (including a face-to-face visit with the child).

For children at level of need five, the locality should receive written monthly progress reports from the vendor. For children at level of need five placed in residential facilities licensed through the Department of Interdepartmental Regulation, the locality must have telephone, written or face to face contact with the vendor within three working days after placement.

Level of Need 6

For children at level six of the Levels of Need Chart, a daily review of risk factors is required. The placement at this level will be short term for acute psychiatric hospitalization.

The review must be a combination of on-site visits (including a face-to-face visit with the child), telephone calls and paper reviews. The review includes but is not limited to:

1. Verification of delivery of service(s).
2. Verification of date service initiated.
3. Review of risk factors, which caused acute hospitalization.
4. Current medication status, as appropriate.

5. Participation of family/legal guardian in client interventions and other services as included the IFSP or the IEP, as appropriate.
6. Strategies to engage families if they are not currently participating.

For children at level of need six, the parent/legal guardian of the child in placement may assist with up to two reviews per week if parent receives orientation from the case manager and is provided with a checklist of appropriate questions. Local staff or their designee should make every effort to conduct a site visit at the time of placement or within three working days after placement is made. The locality should receive a report from the vendor detailing the child's adjustment within three treatment days.

B. The frequency of utilization review for each level should be based on the Decision Support Guidelines (Level of Need Chart) as follows:

Level of Need	Utilization Review	CAFAS
1	Every 3 months	Every 6 months
2	Every 3 months	Every 3 months
3	Every 2 months	Every 3 months
4	Monthly	Every 3 months
5	Monthly	Every 3 months
6	Daily	Every 3 months

C. Use the data gathered from the utilization review, and take any necessary actions related to the service plan. Possible actions may include:
   a) Change length of time for current services
   b) Change outcomes/goals
   c) Change placement or provider
   d) Change treatment modality at same level of need
   e) Change level of need

LINKS/ATTACHMENTS: Utilization Review Checklist Tools
1) Alexandria
2) Giles Co. & Pulaski Co. (this form correlates with the IFSP linked at the end of the Development of the Service Plan section)

VII. UTILIZATION REVIEW OF THE SYSTEM

A. In order to assess whether or not children served by CSA are receiving the most effective treatment and quality care, local governments should begin to collect and analyze not only case specific information, but also information specific to their own local government's system of care. By evaluating these types of data, local governments can assess how well services are being delivered by providers, as well as the impact they are having on the children served. Data analysis can assist local governments in determining the appropriateness of treatment for a particular type of child disorder, whether or not vendors are providing the most beneficial treatment, and ultimately whether or not program changes and policy development are needed for their respective local CSA systems.
B. Examples of data that can be collected for the purpose of utilization review of the system:

   a. Recidivism rates by diagnosis type and/or provider
   b. Child's level of functioning as measured by the CAFAS on admission to service as compared to discharge from service
   c. Family satisfaction (based on a survey tool)
   d. Number of cases, based on diagnosis, requiring secure residential facility treatment
   e. Percent of total requests for services based on the age of child, diagnosis type, and/or reason for admission to services

f. Average length of stay by diagnosis type and type of placement (i.e. secure residential placement, group home, treatment foster care home)
g. Annual number of cases in relation to type of discharge/step down placement
h. Number and diagnosis of cases requiring residential facility placements for more than two years
i. For WVMI participants, number and type of issues represented in monthly feedback letters on cases sent for review
j. The number of children readmitted to residential facilities within six months of being discharged from the residential facilities
k. The number of times a parent/guardian/foster parent attends a FAPT meeting over a designated time period
l. Average cost per unit of service for a given time frame
m. Comparison of lengths of stay to total cost for different residential treatment facilities

LINKS/ATTACHMENTS: For more information on program development, service delivery issues, and data collection, the following website is recommended:
http://www.promisingpractices.net/delivery.asp

ACKNOWLEDGEMENTS

Arlington County Comprehensive Services Act Office
Vendor Evaluation Form

Alexandria Community Policy and Management Team
1) Level of Need worksheet
2) Utilization review checklist tool

Charles City/New Kent Community Policy and Management Team
Vendor Contract Sample

City of Richmond Comprehensive Services Act
Vendor Contract Sample

Comprehensive Services for Youth and Families: Giles Co.-Pulaski Co.
Utilization review checklist tool
Sample of an Individual Family Service Plan

Consortium of Williamsburg, James City, York and Poquoson
Tool for gathering of assessment and referral information

Fairfax County Comprehensive Services Act Office
Fairfax County Department of Administration for Human Services, Contracts Division
1) Vendor Contract Sample
2) Portions of the narrative from the Contract Negotiation section were taken from the Fairfax-Falls Church C.S.A. Policies and Procedures Manual

Kay Hodges, Ph.D.
CAFAS (Child and Adolescent Functional Assessment Scale)
Functional Assessment Systems, L.L.C.
2410 Old Earhart Road
Ann Arbor, Michigan 48105

Newport News Interagency Network
1) CAFAS assessment log
2) Sample of an Individual Family Service Plan

Portsmouth Office of Comprehensive Services
1) Portions of the narrative sections of this plan were taken from the Portsmouth UM plan submitted to the Office of Comprehensive Services November 2002
2) Tool for gathering of assessment and referral information